

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>2846</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Alfred</u> <u>H</u> <u>Higgs, Jr.</u> P.O. Box, Bldg., Room No., if any <u>Suite 401</u> Street <u>1750 New York Avenue, NW</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20006-5301</u>	4. Name, file number, and address of labor organization. Name <u>IRON WORKERS AFL-CIO</u> Labor Organization File Number <u>000-052</u> P.O. Box, Building and Room Number, if any Street <u>1750 New York Avenue, N.W.</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20006-5301</u>
5. Position in labor organization. <u>Administrator</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed [Signature] On 08/02/2005 202.383.4875  
Date Telephone Number

Name of Person Filing Alfred Higgs, Jr.

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Natl Coordinating Committee Multi-er Plans  
Trade Name, if any: NCCMP  
P.O. Box, Bldg., Room No., if any  
Street 815 16th Street, NW  
City Washington  
State District of Columbia ZIP Code + 4 20006

## 9. Business deals with:

- ☐ a. Labor Organization  
☒ b. Trust  
☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name National Shopmen Pension Fund  
Trade Name, if any:  
P.O. Box, Bldg., Room No., if any Suite 401  
Street 1750 New York Avenue, NW  
City Washington  
State District of Columbia ZIP Code + 4 20006-5301

## 11.a. Nature of such dealing.

Advocacy organization for Multi-employer plan legislation with regard to ERISA and DOL rules and regulations.

## 11.b. Approximate dollar value of such dealing.

\$3,000

## 12.a. Nature of interest held or income received.

Attendance as speaker at NCCMP Conference  
11/27/2004-12/02/2004  
Dinner for speakers - 11/29/04

## 12.b. Amount.

\$125

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name  
Trade Name, if any:  
P.O. Box, Bldg., Room No., if any  
Street  
City  
State ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

**8. Name and address of Business (including trade name, if any).**Name **Natl Coordinating Committee Multi-er Plans**Trade Name, if any: **NCCMP**

P.O. Box, Bldg., Room No., if any

Street **815 16th Street, NW**City **Washington**State **District of Columbia** ZIP Code + 4 **20006****10. If 9.b. or 9.c. is checked give trust or employer's name.**Name **National Shopmen Pension Fund**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **Suite 401**Street **1750 New York Avenue, NW**City **Washington**State **District of Columbia** ZIP Code + 4 **20006-5301****9. Business deals with:**☐ a. Labor Organization☒ b. Trust☐ c. Employer**11.a. Nature of such dealing.**

Advocacy organization for Multi-employer plan legislation with regard to ERISA and DOL rules and regulations.

**11.b. Approximate dollar value of such dealing.****\$3,000****12.a. Nature of interest held or income received.**

Attendance as speaker at NCCMP Conference  
11/27/2004-12/02/2004

Speakers gift

**12.b. Amount.****\$42**

Name of Person Filing Alfred Higgs, Jr.

File Number U-

Part B Continuation Page

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Trade Name, if any: NCCMP

P.O. Box, Bldg., Room No., if any

Street 815 16th Street, NW

City Washington

State District of Columbia ZIP Code + 4 20006

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Name National Shopmen Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 401

Street 1750 New York Avenue, NW

City Washington

State District of Columbia ZIP Code + 4 20006-5301

11.a. Nature of such dealing.

Advocacy organization for Multi-employer plan legislation with regard to ERISA and DOL rules and regulations.

11.b. Approximate dollar value of such dealing.

\$20,000

12.a. Nature of interest held or income received.

Steering Committee Lunch - 12/20/04

12.b. Amount.

\$35